

REQUEST NO. _____

STATEMENT OF DUTIES

NEW ☐ TRANSFERRED ☐ RECLASSIFICATION ☐ POSITION

DEPARTMENT OF MENTAL HEALTH

No. of
Positions: Classification
Title Requested:

Organization Assignment (Complete through the applicable level):

1. Division Name: _____
2. DMH Cost Center: _____
3. Duties Station
Assignment: _____
4. Title of Immediate
Supervisor: _____

Proposed Duties:

Justification:

Requestor's Name (Print)

Signature

Telephone Number

Date